

# **Childhood Cancer in New Jersey 1979-2005 Tables**

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The complete report, “Childhood Cancer in New Jersey, 1979-2005,” will be available later in 2008.



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## INTRODUCTION

Cancer in children is rare, accounting for about one percent of all cancers. Despite its rarity and great improvements in treatment and supportive care, cancer is still the leading cause of death from disease in children younger than 15 years old, second only to accidents in most age groups. The American Cancer Society estimates that in the U.S. in 2008, 10,730 children under fifteen years of age will be diagnosed with cancer and 1,490 children will die from the disease. Five-year relative survival from childhood cancer has increased markedly over the past 30 years, from less than 50 percent before 1970 to 80 percent now.<sup>1</sup>

The types of cancers that occur in children are very different from those seen in adults. The most common cancers in children are leukemias, brain and other nervous system tumors, lymphomas (lymph node cancers), bone cancers, soft tissue sarcomas, kidney cancers, eye cancers, and adrenal gland cancers. Skin, prostate, breast, lung, and colorectal cancers are the most common in adults.<sup>2</sup>

Cancer is caused by a mutation (change) in a gene (DNA). During the past few years, scientists have made much progress in understanding how certain changes in a person's DNA can cause cells of the body to become cancerous. DNA changes influence the risks for developing certain diseases, including some kinds of cancer. When children are born with mutated DNA that was inherited from parents, the mutations are present in every cell of the child's body. The great majority of childhood cancers, however, are not caused by inherited DNA mutations. They are the result of mutations acquired early in the child's lifetime. The reasons for the DNA changes that lead to childhood cancers are not completely known. Some of these are already present at birth.<sup>2</sup>

The trends in incidence, mortality, and survival vary by the type of childhood cancer, as do the gender, race, age at diagnosis, clinical characteristics and molecular abnormalities of the children with cancer. For these reasons scientists believe that there are separate causes for the different types of childhood cancer.<sup>3</sup>

These tables, an update of the tables in our previous report, *Childhood Cancer in New Jersey, 1979-1995*, present detailed cancer incidence and mortality data from 1979 through 2005 for children up to 19 years of age who resided in New Jersey at the time of diagnosis and/or death. Included in the tables are data by type of cancer, sex, race, age group, county and time period. Also included in the report is a comparison of the New Jersey and U.S. childhood cancer incidence and mortality rates and trends over time. A more detailed report of childhood cancer in New Jersey will be available later this year.

Additional New Jersey cancer incidence, mortality, survival, prevalence and risk data are available from the Cancer Epidemiology Services office (609/588-3500) or on our website, <http://www.state.nj.us/health/ces/index.shtml>, including:

- *Cancer Incidence & Mortality in New Jersey 2001-2005*;
- *Area Socioeconomic Variations in Cancer Incidence and Stage at Diagnosis in New Jersey, 1996-2002*;
- *Cancer Prevalence in New Jersey on January 1, 2003*;
- *Probability of Developing Cancer for Selected Age Groups by Sex, 2001-2003 (New Jersey and U.S.)*;
- *Cancer Survival in New Jersey, 1979-1997*;
- *Cancer Incidence Rates in New Jersey's Ten Most Populated Municipalities, 1998-2002*; and
- *Trends in Cancer Incidence and Mortality in New Jersey, 1979-2002*.

Our interactive cancer data mapping application provides Statewide and county-level cancer incidence and mortality data by cancer site, gender, race, and ethnicity for the most recent five years of data, 2001-2005. Additionally, statewide age-specific incidence and mortality data may be obtained from this site. The interactive cancer data mapping application can be found at <http://nj.gov/health/ces/cancer-rates.shtml>. This application is updated annually.

Additional New Jersey and U.S. cancer data and information can be found on the following websites:

- New Jersey Department of Health and Senior Services at <http://www.state.nj.us/health/ces/cci.shtml>;
- Cancer Control P.L.A.N.E.T. at <http://cancercontrolplanet.cancer.gov/>;
- North American Association of Central Cancer Registries' (NAACCR) *Cancer in North America 2000-2004* at [http://www.naaccr.org/index.asp?Col\\_SectionKey=11&Col\\_ContentID=50](http://www.naaccr.org/index.asp?Col_SectionKey=11&Col_ContentID=50); and
- Surveillance, Epidemiology and End Results Program (SEER) Cancer Statistics at <http://surveillance.cancer.gov/statistics/>.

## TECHNICAL NOTES

### New Jersey State Cancer Registry (NJSCR)

#### NJSCR Overview

The objectives of the New Jersey State Cancer Registry (NJSCR) are to:

- monitor cancer trends in New Jersey;
- promote scientific research;
- respond to New Jersey residents about cancer concerns;
- educate the public;
- provide information for planning and evaluating cancer prevention and control activities; and
- share and compare cancer data with other states and the nation.

The New Jersey State Cancer Registry is a population-based cancer incidence registry that serves the entire state of New Jersey, which has a population of over 8.7 million people. The NJSCR was established by legislation (NJSA 26:2-104 et. seq.) and includes all cases of cancer diagnosed in New Jersey residents since October 1, 1978. New Jersey regulations (NJAC 8:57A) require the reporting of all newly diagnosed cancer cases to the NJSCR within three months of hospital discharge or six months of diagnosis, whichever is sooner. Reports are filed by hospitals, diagnosing physicians, dentists, and independent clinical laboratories. Every hospital in New Jersey reports cancer cases electronically. In addition, reporting agreements are maintained with Delaware, Florida, Maryland, New York, North Carolina and Pennsylvania so that New Jersey residents diagnosed with cancer outside the state can be identified. Legislation passed in 1996 strengthened the Registry by requiring electronic reporting, requiring abstracting by certified tumor registrars (CTRs) and establishing penalties for late or incomplete reporting.

All primary invasive and *in situ* neoplasms are reportable to the NJSCR, except cervical cancer *in situ* diagnosed after 1994 and certain carcinomas of the skin. Benign brain/CNS tumors were collected beginning in 2004 as required by the federal Benign Brain Tumor Cancer Registries Act signed in October, 2002. The information collected by the NJSCR includes basic patient identifiers, demographic characteristics of the patient, medical information on each cancer diagnosis such as the anatomic site, histologic type and stage of disease, first course of treatment and vital status (alive or deceased) determined annually. For deceased cases, the underlying cause of death is also included. The primary site, behavior, grade, and histology of each cancer are coded according to the *International Classification of Diseases for Oncology (ICD-O)*, 2<sup>nd</sup> edition<sup>4</sup> for cancers diagnosed through 2000 and the 3<sup>rd</sup> edition<sup>5</sup> for cancers diagnosed after 2000.

The NJSCR follows the data standards promulgated by the North American Association of Central Cancer Registries (NAACCR), including the use of the Surveillance,

Epidemiology, and End Results (SEER) multiple primary rules. An individual may develop more than one primary cancer. Following the SEER multiple primary rules, patients could therefore be counted more than once if they were diagnosed with two or more primary cancers.

The NJSCR is a member of NAACCR, an organization that sets standards for cancer registries, facilitates data exchange and publishes cancer data. The NJSCR has been a participant of the National Program of Cancer Registries (NPCR) sponsored by the Centers for Disease Control and Prevention (CDC) since it began in 1994 and is one of the National Cancer Institute's (NCI) SEER expansion registries.

### **NJSCR Data Quality**

NAACCR has awarded the Gold Standard, the highest standard possible, to the NJSCR for the quality of the 1995 through 2004 data. The NJSCR has consistently achieved the highest level of certification for its data since the inception of this award. The criteria used to judge the quality of the data are completeness of cancer case ascertainment, completeness of certain information on the cancer cases, percent of death certificate only cases, percent of duplicate cases, passing an editing program, and timeliness.

Completeness of reporting to the NJSCR was estimated by comparing New Jersey and U.S. incidence to mortality ratios for whites standardized for age, gender, and cancer site. The data used to generate these ratios were the cancer incidence rates for all SEER registries combined. Using these standard formulae, it is possible for the estimation of completeness to be greater than 100 percent. For the NJSCR 2005 data, the completeness of case reporting was estimated as 107.4 percent.

While our estimates of completeness are very high, some cases of cancer among New Jersey residents who were diagnosed and/or treated in out-of-state facilities may not yet have been reported to the NJSCR by other state registries. This should be considered in interpreting the data for the more recent years. However, these relatively few cases will not significantly affect the cancer rates, nor alter the overall trends presented in these tables.

Other 2005 cancer incidence data quality indicators measured was as follows:

- percent death-certificate-only cases - 1.4 percent;
- percent of unresolved duplicates - less than 0.1 percent;
- percent of cases with unknown race - 1.7 percent;
- percent of cases with unknown county - 0.02 percent;
- number of cases with unknown age - 14; and
- number of cases with unknown gender – 1.

It should also be noted that minor fluctuations in incidence may be seen from the previous childhood cancer report, *Childhood Cancer in New Jersey, 1979-1995*<sup>6</sup>, due to ongoing editing and review of the data.

The NJSCR continues to work toward improving the quality and number of its reporting sources. Over the past few years, significant improvements have been realized in this regard. For example, some of these improvements have resulted in better reporting of skin cancers such as melanoma. One of the most significant improvements has been the implementation of electronic pathology laboratory reporting (E-path) from a national pathology laboratory and several hospital-based laboratories. The ultimate goal is to enable E-path laboratory reporting from every laboratory that serves New Jersey. E-path reporting has improved the timeliness and completeness of cancer reporting, especially for non-hospitalized cases.

In order to minimize the number of cases with an unknown county of residence, the NJSCR runs all addresses through a standardization and geocoding process as described below. For these tables, cases where the county of residence at diagnosis is unknown have been excluded. This is a change from the previous childhood cancer report, *Childhood Cancer in New Jersey, 1979-1995*<sup>6</sup>, in which cases with unknown county were included. This change was made so that NJSCR methods are in accordance with the standard procedures used by SEER. The effect of this change on the incidence rates is very small. For example, the total number of childhood cancer cases with an unknown county in 1979-2005 is 6 among children 0-14 years of age and 9 among children 0-19 years of age, which represents 0.09% of the total case population.

### **Geocoding**

The NJSCR geocodes the residential address at the time of cancer diagnosis for each case. To ensure accuracy of address information, follow-up with physicians and hospitals to verify address data is conducted prior to the geocoding process. The geocoding process involves matching a case's address to a street level reference map containing its geographic coordinates (latitude and longitude). The NJSCR employs both automated and interactive geocoding. The automated geocoding is done through the New Jersey Office of Information Technology Services (NJOITS). The NJOITS geocoding system employs Integrity software and the most recent street boundary file provided by Tele Atlas. The NJSCR has attempted to geocode all cancer cases beginning with the 1979 cases and updates the registry on a monthly basis. Interactive geocoding is performed by trained staff to manually examine and review cases that could not be geocoded through the automated process. Staff persons also use the Tele Atlas boundary file for the interactive process.

## Data Sources and Specifications for These Tables

### Data Sources

New Jersey cancer incidence data were taken from the January 2008 analytic file of the New Jersey State Cancer Registry. U.S. cancer incidence data, obtained from the SEER Program, are from nine registries in the U.S. that cover about ten percent of the U.S. population.<sup>7</sup> At the time of the preparation of these tables, year 2005 U.S. incidence data were not available. Because SEER does not include all of the U.S. states, the total cases would not be meaningful and therefore were not presented in these tables.

New Jersey and U.S. cancer mortality data were obtained from the SEER Program.<sup>8</sup> The underlying mortality data were from the National Center for Health Statistics (NCHS). At the time of the preparation of these tables year 2005 mortality data were not available.

The 1979-2005 population data used in these tables are estimates from the U.S. Census Bureau downloaded from SEER's website  
<http://seer.cancer.gov/popdata/download.html>.

### Data Specifications

Cases were limited to children whose age at diagnosis was from birth to age nineteen (0-19). The age at diagnosis in the NJSCR was derived from the date of birth and the date of diagnosis information in the medical records.

Out-of-state residents and cases whose residence in New Jersey at the time of diagnosis could not be confirmed (unknown county) were excluded from the New Jersey incidence rates and counts, as were persons of unknown age and/or gender. All invasive cancers plus bladder cancer *in situ* were included in the incidence data. Race-specific information is not shown separately for persons who are races other than white or black (including unknown race); these persons are included in the all races category.

Two classification systems were used for cancer incidence in these tables. The International Classification of Childhood Cancer (ICCC) from the International Agency for Research on Cancer (IARC) was used for the cancer incidence counts and rates in Tables 1 through 9.<sup>9</sup> This classification system for childhood cancer is based on tumor morphology rather than, as for adults, the site of the tumor. The following SEER web link contains additional information on the translation from cancer site and histology to the ICCC - <http://www.seer.cancer.gov/iccc/iccc3.html>.

The ICD-O-3 coding system, described above, was used for incidence data that is compared with cancer mortality (Tables 10-21) because the ICD-O-3 coding system is more consistent with the cause of death classification system used for mortality data described below. Some ICCC site codes do not have an analogous mortality ICD-9 or ICD-10 code, preventing a valid comparison between incidence and mortality. For example, the ICCC codes for neuroblastoma and Wilms tumor do not have equivalent

ICD-9 or ICD-10 codes. A complete listing of the ICD-O-3 site codes is at [http://seer.cancer.gov/siterecode/icdo3\\_d01272003/](http://seer.cancer.gov/siterecode/icdo3_d01272003/).

Beginning with the year 1999, coding and classification for cause of death has been in accordance with the 10<sup>th</sup> edition of the World Health Organization's *International Classification of Diseases (ICD-10)*. From 1979-1998, cause of death coding was based on the 9<sup>th</sup> edition (*ICD-9*). Changes in classification detail, coding rules, and classification code numbers with this new version have caused some discontinuities in trends for cancer deaths. Although these discontinuities vary, research has found that using ICD-10 assigns approximately 0.7 percent more deaths to the category of cancer than does ICD-9, which may slightly increase some site-specific age-specific mortality rates for 1999 and later. A listing of the ICD-9 and ICD-10 codes is at [http://seer.cancer.gov/codrecode/1969+\\_d03252004/index.html](http://seer.cancer.gov/codrecode/1969+_d03252004/index.html).

With the inclusion of the year 2000 population data, we must take into account the new way in which the U.S. Bureau of the Census collected population data. With the 2000 Census, individuals were given the opportunity to categorize themselves as more than one race, as specified in the 1997 Office of Management and Budget (OMB) standards ([http://www.whitehouse.gov/omb/fedreg/directive\\_15.html](http://www.whitehouse.gov/omb/fedreg/directive_15.html)). For the first time, individuals could "mark [X] one or more races to indicate what this person considers himself/herself to be." Because of this change, 2000 population estimates for "White only" and "Black only" in earlier cancer incidence and mortality reports are 4-6 percent lower than the 1999 populations for "White only" and "Black only" in New Jersey.

The population estimates incorporate new annual bridged single-race estimates for July 1, 2000 to July 1, 2005, which are derived from the original multiple race categories in the 2000 Census as specified in the 1997 Office of Management and Budget Standards for the collection of data on race and ethnicity. For agencies such as NCI and NCHS to continue reporting long-term trends in disease rates for single-race groups, a method is needed to "bridge" these multi-race classifications into a single-race category. Such a method was developed by NCHS using information collected as part of their National Health Interview Survey. In collaboration with NCHS, the Census Bureau produced a set of year 2000 population estimates that assigned everyone to one race group only.<sup>10</sup> The bridged single-race estimates and a more in-depth description of the methodology used to develop them appear on the National Center for Health Statistics (NCHS) web site at <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>.

Furthermore, 2000 population estimates used to calculate rates for the years 1991 through 1999 for previous reports have been found to differ from the actual 2000 census counts, especially the specific race estimates. Therefore, the 1991-1999 intercensal population estimates were revised by the Census Bureau by distributing the difference between the original post-1990 census estimates of the 2000 population and the actual April 1, 2000 census. The new population estimates affected primarily smaller populations such as race subgroups.

## Calculation of Rates

### Age-Adjusted Rates and the Year 2000 Standard

The U.S. Department of Health and Human Services requires that health data be age-adjusted using the U.S. year 2000 population as a standard, beginning with the 1999 reporting year. Age-adjustment to the year 2000 population as the standard was first used in one of our earlier annual reports, *Cancer Incidence and Mortality in New Jersey 1996-2000*, issued in December 2002. Prior to the release of 1999 data, various federal and state agencies calculated disease rates using different U.S. population standards, including the 1940 and 1970 standard populations. Our previous childhood cancer report, *Childhood Cancer in New Jersey, 1979-1995*<sup>6</sup>, used the 1970 population standard.

Calculations using the 2000 U.S. standard population do not indicate a change in cancer incidence or occurrence - only a different representation of the rates of reported cancer. Using the 2000 U.S. population as the standard produces standardized cancer rates that appear to be about 20 percent higher than previously reported.

For these tables, the 2000 U.S. Standard Population (19 age groups-Census P25-1130) was used for age-adjustment instead of the 2000 U.S. Standard Million (19 age groups). This has been standard practice for all NCI SEER reports with incidence or mortality data for 2002 or later. The 2000 U.S. Standard Population was created for use with single year of age population data. Differences in the age-adjusted rates using the 2000 U.S. Standard Million and the new 2000 U.S. Standard Population are minimal. For further details, see SEER's website located at [http://seer.cancer.gov/stdpopulations/single\\_age.html](http://seer.cancer.gov/stdpopulations/single_age.html).

### Rate Calculation Formulas

A cancer incidence rate is defined as the number of new cases of cancer detected during a specified time period in a specified population. Cancer rates are most commonly expressed as cases per 100,000 population. Cancer occurs at different rates in different age groups, and population subgroups defined by gender and race have different age distributions. Therefore, before a valid comparison can be made between rates, it is necessary to standardize the rates to the age distribution of a standard population. For these tables, the 2000 U.S. Standard Population (19 age groups-Census P25-1130) was used. Records that were missing gender, age, or race were not included in the rates presented in these tables. Since the number of records so affected was very small, the rates were virtually unaffected by the non-inclusion of these records.

The first step in the age-standardization procedure is to determine the age-specific rates. For each age group for a given time interval (within each race-gender group, for the entire state), the following formula is applied:

$$r_a = \frac{n_a}{t \times P_a}$$

where:

- $r_a$  = the age-specific rate for age group a;
- $n_a$  = the number of events (cancer diagnoses) in the age group during the time interval;
- $t$  = the length of the time interval (in years); and
- $P_a$  = average size of the population in the age group during the time interval (mid-year population or average of mid-year population sizes).

In order to determine the age-adjusted rate, a weighted average of the age-specific rates is calculated, using the age distribution of the standard population to derive the age-specific weighting factors.<sup>11</sup> This is the technique of direct standardization, which uses the following formula:

$$R = \frac{\sum_{a=1}^n r_a \times Std. P_a}{\sum_{a=1}^n Std. P_a}$$

where:

- $R$  = the age-adjusted rate;
- $r_a$  = the age-specific rate for age group a; and
- $Std.P_a$  = the size of the standard population in each age group a.

While age standardization facilitates the comparison of rates among different populations, there can be important age-specific differences in disease occurrence, which are not apparent in comparisons of the age-adjusted rates.<sup>12</sup>

Analogous definitions and calculations apply for cancer mortality rates.

All the counts and rates were tabulated using SEER\*Stat Version 6.3, a statistical software package distributed by the National Cancer Institute - <http://www.seer.cancer.gov/seerstat/>.

### Annual Percent Change

Trends in the incidence and mortality rates over time are indicated by the annual percent change (APC) within each of three nine-year time periods, 1979-1987, 1988-1996 and 1997-2005, for New Jersey. The same time periods were used for the U.S. except the last one is 1997-2004. The (APC) is calculated by first fitting a regression line to the natural logarithms of the rates  $[\ln(r)]$  using calendar year ( $x$ ) as a regressor variable. For these tables the method of weighted least squares was used to calculate the regression equation. If  $\ln(r) = mx + b$  is the resulting regression equation (with slope  $m$ ), then the  $APC = 100(e^m - 1)$ . A positive APC corresponds to an increasing trend and a negative APC to a decreasing trend. To determine the statistical significance of the APC, the null hypothesis that  $APC = 0$  is tested, which is equivalent to testing the hypothesis that  $m = 0$ . A t-test is used and the hypothesis is rejected at  $p < 0.05$ . SEER\*Stat Version 6.3 was used to

calculate the APCs and to determine statistical significance. The APC could not be calculated for a time period if the rate for any single year within the time period was 0.

### **Suppression of Rates and Counts Under Five**

The annual rates for relatively uncommon cancers tend to fluctuate substantially from year to year because of small numbers of cases, particularly in minority populations. Rates generated from small numbers should be interpreted with caution. For these tables, rates based on counts less than 5 were suppressed to ensure confidentiality and a level of statistical reliability. The suppressed cases, however, are included in the counts and rates for larger categories.

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**TABLES**

**Table 1: Childhood Cancer Incidence Cases and Percent Distributions by ICCC Category and Age Group  
New Jersey, All Races, 1979-2005**

ICCC Category <sup>a</sup>	Age Group													
	0-14		0-19		<1		1-4		5-9		10-14		15-19	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
<b>All Cancers</b>	<b>6,945</b>	<b>100%</b>	<b>10,262</b>	<b>100%</b>	<b>720</b>	<b>100%</b>	<b>2,377</b>	<b>100%</b>	<b>1,810</b>	<b>100%</b>	<b>2,038</b>	<b>100%</b>	<b>3,317</b>	<b>100%</b>
<b>I Leukemias, myeloproliferative &amp; myelodysplastic diseases</b>	<b>2,145</b>	<b>30.9%</b>	<b>2,586</b>	<b>25.2%</b>	<b>130</b>	<b>18.1%</b>	<b>965</b>	<b>40.6%</b>	<b>614</b>	<b>33.9%</b>	<b>436</b>	<b>21.4%</b>	<b>441</b>	<b>13.3%</b>
I(a) Lymphoid leukemias	1,665	24.0%	1,903	18.5%	56	7.8%	821	34.5%	501	27.7%	287	14.1%	238	7.2%
I(b) Acute myeloid leukemias	322	4.6%	444	4.3%	52	7.2%	99	4.2%	66	3.6%	105	5.2%	122	3.7%
I(c) Chronic myeloproliferative diseases	30	0.4%	63	0.6%	--	--	6	0.3%	6	0.3%	16	0.8%	33	1.0%
I(d) Myelodysplastic syndrome & other myeloproliferative	10	0.1%	10	0.1%	5	0.7%	--	--	--	--	--	--	--	--
I(e) Unspecified & other specified leukemias	118	1.7%	166	1.6%	15	2.1%	35	1.5%	41	2.3%	27	1.3%	48	1.4%
<b>II Lymphomas &amp; reticuloendothelial neoplasms</b>	<b>815</b>	<b>11.7%</b>	<b>1,780</b>	<b>17.3%</b>	<b>28</b>	<b>3.9%</b>	<b>114</b>	<b>4.8%</b>	<b>220</b>	<b>12.2%</b>	<b>453</b>	<b>22.2%</b>	<b>965</b>	<b>29.1%</b>
II(a) Hodgkin lymphomas	312	4.5%	966	9.4%	--	--	14	0.6%	58	3.2%	239	11.7%	654	19.7%
II(b) Non-Hodgkin lymphomas (except Burkitt lymphoma)	288	4.1%	524	5.1%	5	0.7%	51	2.1%	93	5.1%	139	6.8%	236	7.1%
II(c) Burkitt lymphoma	121	1.7%	152	1.5%	0	0.0%	28	1.2%	51	2.8%	42	2.1%	31	0.9%
II(d) Miscellaneous lymphoreticular neoplasms	47	0.7%	51	0.5%	22	3.1%	14	0.6%	--	--	7	0.3%	--	--
II(e) Unspecified lymphomas	47	0.7%	87	0.8%	--	--	7	0.3%	14	0.8%	26	1.3%	40	1.2%
<b>III CNS &amp; miscellaneous intracranial &amp; intraspinal neoplasms</b>	<b>1,441</b>	<b>20.7%</b>	<b>1,767</b>	<b>17.2%</b>	<b>86</b>	<b>11.9%</b>	<b>453</b>	<b>19.1%</b>	<b>505</b>	<b>27.9%</b>	<b>397</b>	<b>19.5%</b>	<b>326</b>	<b>9.8%</b>
III(a) Ependymomas & choroid plexus tumor	117	1.7%	137	1.3%	9	1.3%	53	2.2%	32	1.8%	23	1.1%	20	0.6%
III(b) Astrocytomas	670	9.6%	847	8.3%	39	5.4%	196	8.2%	218	12.0%	217	10.6%	177	5.3%
III(c) Intracranial & intraspinal embryonal tumors	308	4.4%	341	3.3%	23	3.2%	112	4.7%	102	5.6%	71	3.5%	33	1.0%
III(d) Other gliomas	227	3.3%	282	2.7%	6	0.8%	60	2.5%	113	6.2%	48	2.4%	55	1.7%
III(e) Other specified intracranial/intraspinal neoplasms	20	0.3%	27	0.3%	--	--	8	0.3%	5	0.3%	5	0.2%	7	0.2%
III(f) Unspecified intracranial & intraspinal neoplasms	99	1.4%	133	1.3%	7	1.0%	24	1.0%	35	1.9%	33	1.6%	34	1.0%

**Table 1 (cont'd): Childhood Cancer Incidence Cases and Percent Distributions by ICCC Category and Age Group  
New Jersey, All Races, 1979-2005**

ICCC Category <sup>a</sup>	Age Group													
	0-14		0-19		<1		1-4		5-9		10-14		15-19	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
<b>IV Neuroblastoma &amp; other peripheral nervous cell tumors</b>	<b>520</b>	<b>7.5%</b>	<b>536</b>	<b>5.2%</b>	<b>192</b>	<b>26.7%</b>	<b>253</b>	<b>10.6%</b>	<b>49</b>	<b>2.7%</b>	<b>26</b>	<b>1.3%</b>	<b>16</b>	<b>0.5%</b>
IV(a) Neuroblastoma & ganglioneuroblastoma	512	7.4%	522	5.1%	192	26.7%	251	10.6%	49	2.7%	20	1.0%	10	0.3%
IV(b) Other peripheral nervous cell tumors	8	0.1%	14	0.1%	--	--	--	--	--	--	6	0.3%	6	0.2%
<b>V Retinoblastoma</b>	<b>192</b>	<b>2.8%</b>	<b>192</b>	<b>1.9%</b>	<b>73</b>	<b>10.1%</b>	<b>113</b>	<b>4.8%</b>	<b>5</b>	<b>0.3%</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>
<b>VI Renal tumors</b>	<b>395</b>	<b>5.7%</b>	<b>422</b>	<b>4.1%</b>	<b>60</b>	<b>8.3%</b>	<b>222</b>	<b>9.3%</b>	<b>87</b>	<b>4.8%</b>	<b>26</b>	<b>1.3%</b>	<b>27</b>	<b>0.8%</b>
VI(a) Nephroblastoma & other nonepithelial renal tumors	372	5.4%	379	3.7%	60	8.3%	216	9.1%	83	4.6%	13	0.6%	7	0.2%
VI(b) Renal carcinomas	19	0.3%	37	0.4%	--	--	--	--	--	--	12	0.6%	18	0.5%
VI(c) Unspecified renal tumors	--	--	6	0.1%	--	--	--	--	--	--	--	--	--	--
<b>VII Hepatic tumors</b>	<b>83</b>	<b>1.2%</b>	<b>94</b>	<b>0.9%</b>	<b>32</b>	<b>4.4%</b>	<b>38</b>	<b>1.6%</b>	<b>5</b>	<b>0.3%</b>	<b>8</b>	<b>0.4%</b>	<b>11</b>	<b>0.3%</b>
VII(a) Hepatoblastoma	58	0.8%	58	0.6%	29	4.0%	28	1.2%	--	--	--	--	--	--
VII(b) Hepatic carcinomas	21	0.3%	32	0.3%	--	--	7	0.3%	5	0.3%	6	0.3%	11	0.3%
VII(c) Unspecified malignant hepatic tumors	--	--	--	--	--	--	--	--	--	--	--	--	--	--
<b>VIII Malignant bone tumors</b>	<b>307</b>	<b>4.4%</b>	<b>529</b>	<b>5.2%</b>	<b>--</b>	<b>--</b>	<b>15</b>	<b>0.6%</b>	<b>84</b>	<b>4.6%</b>	<b>207</b>	<b>10.2%</b>	<b>222</b>	<b>6.7%</b>
VIII(a) Osteosarcomas	164	2.4%	277	2.7%	--	--	--	--	41	2.3%	119	5.8%	113	3.4%
VIII(b) Chondrosarcomas	9	0.1%	34	0.3%	--	--	--	--	--	--	5	0.2%	25	0.8%
VIII(c) Ewing tumor & related sarcomas of bone	110	1.6%	173	1.7%	--	--	8	0.3%	32	1.8%	70	3.4%	63	1.9%
VIII(d) Other specified malignant bone tumors	12	0.2%	23	0.2%	--	--	--	--	--	--	7	0.3%	11	0.3%
VIII(e) Unspecified malignant bone tumors	12	0.2%	22	0.2%	--	--	--	--	--	--	6	0.3%	10	0.3%
<b>IX Soft tissue &amp; other extraosseous sarcomas</b>	<b>445</b>	<b>6.4%</b>	<b>696</b>	<b>6.8%</b>	<b>46</b>	<b>6.4%</b>	<b>123</b>	<b>5.2%</b>	<b>129</b>	<b>7.1%</b>	<b>147</b>	<b>7.2%</b>	<b>251</b>	<b>7.6%</b>
IX(a) Rhabdomyosarcomas	231	3.3%	287	2.8%	20	2.8%	91	3.8%	71	3.9%	49	2.4%	56	1.7%
IX(b) Fibrosarcomas, peripheral nerve sheath & other fibrous neoplasms	56	0.8%	85	0.8%	15	2.1%	6	0.3%	8	0.4%	27	1.3%	29	0.9%
IX(c) Kaposi sarcoma	--	--	10	0.1%	--	--	--	--	--	--	--	--	7	0.2%
IX(d) Other specified soft tissue sarcomas	119	1.7%	250	2.4%	9	1.3%	20	0.8%	39	2.2%	51	2.5%	131	3.9%
IX(e) Unspecified soft tissue sarcomas	36	0.5%	64	0.6%	--	--	5	0.2%	10	0.6%	19	0.9%	28	0.8%

**Table 1 (cont'd): Childhood Cancer Incidence Cases and Percent Distributions by ICCC Category and Age Group  
New Jersey, All Races, 1979-2005**

ICCC Category <sup>a</sup>	Age Group													
	0-14		0-19		<1		1-4		5-9		10-14		15-19	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
<b>X Germ cell &amp; trophoblastic tumors &amp; neoplasms of gonads</b>	<b>247</b>	<b>3.6%</b>	<b>636</b>	<b>6.2%</b>	<b>50</b>	<b>6.9%</b>	<b>41</b>	<b>1.7%</b>	<b>40</b>	<b>2.2%</b>	<b>116</b>	<b>5.7%</b>	<b>389</b>	<b>11.7%</b>
X(a) Intracranial & intraspinal germ cell tumors	39	0.6%	67	0.7%	6	0.8%	--	--	9	0.5%	24	1.2%	28	0.8%
X(b) Extracranial & extragonadal germ cell tumors	68	1.0%	107	1.0%	26	3.6%	22	0.9%	8	0.4%	12	0.6%	39	1.2%
X(c) Malignant gonadal germ cell tumors	122	1.8%	399	3.9%	18	2.5%	18	0.8%	20	1.1%	66	3.2%	277	8.4%
X(d) Gonadal carcinomas	10	0.1%	46	0.4%	--	--	--	--	--	--	9	0.4%	36	1.1%
X(e) Other & unspecified malignant gonadal tumors	8	0.1%	17	0.2%	--	--	--	--	--	--	5	0.2%	9	0.3%
<b>XI Other malignant epithelial neoplasms &amp; melanomas</b>	<b>256</b>	<b>3.7%</b>	<b>848</b>	<b>8.3%</b>	<b>7</b>	<b>1.0%</b>	<b>14</b>	<b>0.6%</b>	<b>49</b>	<b>2.7%</b>	<b>186</b>	<b>9.1%</b>	<b>592</b>	<b>17.8%</b>
XI(a) Adrenocortical carcinomas	8	0.1%	13	0.1%	--	--	--	--	--	--	--	--	5	0.2%
XI(b) Thyroid carcinomas	86	1.2%	324	3.2%	--	--	--	--	13	0.7%	70	3.4%	238	7.2%
XI(c) Nasopharyngeal carcinomas	13	0.2%	35	0.3%	--	--	--	--	--	--	12	0.6%	22	0.7%
XI(d) Malignant melanomas	66	1.0%	223	2.2%	--	--	--	--	17	0.9%	45	2.2%	157	4.7%
XI(e) Skin carcinomas	--	--	--	--	--	--	--	--	--	--	--	--	--	--
XI(f) Other & unspecified carcinomas	81	1.2%	249	2.4%	5	0.7%	--	--	16	0.9%	56	2.7%	168	5.1%
<b>XII Other &amp; unspecified malignant neoplasms</b>	<b>91</b>	<b>1.3%</b>	<b>156</b>	<b>1.5%</b>	<b>13</b>	<b>1.8%</b>	<b>23</b>	<b>1.0%</b>	<b>21</b>	<b>1.2%</b>	<b>34</b>	<b>1.7%</b>	<b>65</b>	<b>2.0%</b>
XII(a) Other specified malignant tumors	14	0.2%	17	0.2%	--	--	--	--	--	--	8	0.4%	--	--
XII(b) Other unspecified malignant tumors	77	1.1%	139	1.4%	10	1.4%	20	0.8%	21	1.2%	26	1.3%	62	1.9%
<b>Not classified by ICCC or <i>in situ</i></b>	<b>8</b>	<b>0.1%</b>	<b>20</b>	<b>0.2%</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>12</b>	<b>0.4%</b>

<sup>a</sup>International Classification of Childhood Cancer (ICCC) is based on ICD-O-3. For details see NCI's SEER program website <http://www.seer.cancer.gov/iccc/iccc3.html>. Only invasive cases are included except bladder cancer *in situ* is included in All Cancers and Not Classified.

-- Counts and percents are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data source: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008.

**Table 2: Childhood Cancer Cases and Incidence Rates by ICCC Category and Gender  
New Jersey and the U.S., All Races, Ages 0-14**

ICCC Category <sup>a</sup>	New Jersey 1979-2005				U. S. 1979-2004		
	Total	Total	Male	Female	Total	Male	Female
	Cases	Rate	Rate	Rate	Rate	Rate	Rate
<b>All Cancers</b>	<b>6,945</b>	<b>15.8</b>	<b>17.0</b>	<b>14.6</b>	<b>14.2</b>	<b>15.0</b>	<b>13.3</b>
<b>I Leukemias, myeloproliferative &amp; myelodysplastic diseases</b>	<b>2,145</b>	<b>4.9</b>	<b>5.3</b>	<b>4.4</b>	<b>4.3</b>	<b>4.7</b>	<b>4.0</b>
I(a) Lymphoid leukemias	1,665	3.8	4.1	3.5	3.4	3.7	3.1
I(b) Acute myeloid leukemias	322	0.7	0.8	0.6	0.7	0.7	0.6
I(c) Chronic myeloproliferative diseases	30	0.1	0.1	0.1	0.1	0.1	0.1
I(d) Myelodysplastic syndrome & other myeloproliferative	10	<0.05	--	--	<0.05	<0.05	<0.05
I(e) Unspecified & other specified leukemias	118	0.3	0.3	0.2	0.1	0.2	0.1
<b>II Lymphomas &amp; reticuloendothelial neoplasms</b>	<b>815</b>	<b>1.9</b>	<b>2.4</b>	<b>1.3</b>	<b>1.5</b>	<b>1.9</b>	<b>1.1</b>
II(a) Hodgkin lymphomas	312	0.7	0.8	0.6	0.6	0.6	0.5
II(b) Non-Hodgkin lymphomas (except Burkitt lymphoma)	288	0.7	0.9	0.4	0.6	0.7	0.4
II(c) Burkitt lymphoma	121	0.3	0.4	0.1	0.2	0.4	0.1
II(d) Miscellaneous lymphoreticular neoplasms	47	0.1	0.1	0.1	0.1	0.1	0.1
II(e) Unspecified lymphomas	47	0.1	0.2	0.1	0.1	0.1	<0.05
<b>III CNS &amp; miscellaneous intracranial &amp; intraspinal neoplasms</b>	<b>1,441</b>	<b>3.3</b>	<b>3.6</b>	<b>3.0</b>	<b>3.1</b>	<b>3.3</b>	<b>2.8</b>
III(a) Ependymomas & choroid plexus tumor	117	0.3	0.3	0.2	0.3	0.3	0.2
III(b) Astrocytomas	670	1.5	1.6	1.4	1.5	1.5	1.5
III(c) Intracranial & intraspinal embryonal tumors	308	0.7	0.8	0.6	0.7	0.8	0.5
III(d) Other gliomas	227	0.5	0.5	0.5	0.5	0.6	0.5
III(e) Other specified intracranial/intraspinal neoplasms	20	<0.05	<0.05	0.1	<0.05	<0.05	<0.05
III(f) Unspecified intracranial & intraspinal neoplasms	99	0.2	0.2	0.2	0.1	0.1	<0.05
<b>IV Neuroblastoma &amp; other peripheral nervous cell tumors</b>	<b>520</b>	<b>1.2</b>	<b>1.2</b>	<b>1.1</b>	<b>1.1</b>	<b>1.1</b>	<b>1.1</b>
IV(a) Neuroblastoma & ganglioneuroblastoma	512	1.1	1.2	1.1	1.1	1.1	1.0
IV(b) Other peripheral nervous cell tumors	8	<0.05	<0.05	--	<0.05	<0.05	<0.05
<b>V Retinoblastoma</b>	<b>192</b>	<b>0.4</b>	<b>0.5</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>
<b>VI Renal tumors</b>	<b>395</b>	<b>0.9</b>	<b>0.8</b>	<b>1.0</b>	<b>0.9</b>	<b>0.8</b>	<b>0.9</b>
VI(a) Nephroblastoma & other nonepithelial renal tumors	372	0.8	0.7	0.9	0.8	0.8	0.9
VI(b) Renal carcinomas	19	<0.05	<0.05	0.1	<0.05	<0.05	<0.05
VI(c) Unspecified malignant renal tumors	--	--	--	--	--	--	--
<b>VII Hepatic tumors</b>	<b>83</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>
VII(a) Hepatoblastoma	58	0.1	0.2	0.1	0.2	0.2	0.2
VII(b) Hepatic carcinomas	21	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
VII(c) Unspecified malignant hepatic tumors	--	--	--	--	--	--	--

**Table 2 (cont'd): Childhood Cancer Cases and Incidence Rates by ICCC Category and Gender  
New Jersey and the U.S., All Races, Ages 0-14**

ICCC Category <sup>a</sup>	New Jersey 1979-2005				U. S. 1979-2004		
	Total	Total	Male	Female	Total	Male	Female
	Cases	Rate	Rate	Rate	Rate	Rate	Rate
<b>VIII Malignant bone tumors</b>	<b>307</b>	<b>0.7</b>	<b>0.8</b>	<b>0.6</b>	<b>0.7</b>	<b>0.7</b>	<b>0.6</b>
VIII(a) Osteosarcomas	164	0.4	0.4	0.4	0.4	0.4	0.4
VIII(b) Chondrosarcomas	9	<0.05	<0.05	--	<0.05	<0.05	<0.05
VIII(c) Ewing tumor & related sarcomas of bone	110	0.3	0.3	0.2	0.2	0.3	0.2
VIII(d) Other specified malignant bone tumors	12	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
VIII(e) Unspecified malignant bone tumors	12	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
<b>IX Soft tissue &amp; other extraosseous sarcomas</b>	<b>445</b>	<b>1.0</b>	<b>1.1</b>	<b>0.9</b>	<b>1.0</b>	<b>1.0</b>	<b>0.9</b>
IX(a) Rhabdomyosarcomas	231	0.5	0.6	0.5	0.5	0.6	0.4
IX(b) Fibrosarcomas, peripheral nerve sheath & other fibrous neoplasms	56	0.1	0.1	0.1	0.1	0.1	0.1
IX(c) Kaposi sarcoma	--	--	--	--	<0.05	<0.05	<0.05
IX(d) Other specified soft tissue sarcomas	119	0.3	0.3	0.2	0.3	0.3	0.3
IX(e) Unspecified soft tissue sarcomas	36	0.1	0.1	0.1	0.1	0.1	0.1
<b>X Germ cell &amp; trophoblastic tumors &amp; neoplasms of gonads</b>	<b>247</b>	<b>0.6</b>	<b>0.5</b>	<b>0.7</b>	<b>0.5</b>	<b>0.4</b>	<b>0.6</b>
X(a) Intracranial & intraspinal germ cell tumors	39	0.1	0.1	0.1	0.1	0.2	0.1
X(b) Extracranial & extragonadal germ cell tumors	68	0.2	0.1	0.2	0.1	0.1	0.2
X(c) Malignant gonadal germ cell tumors	122	0.3	0.2	0.3	0.2	0.2	0.2
X(d) Gonadal carcinomas	10	<0.05	--	<0.05	<0.05	<0.05	<0.05
X(e) Other & unspecified malignant gonadal tumors	8	<0.05	--	<0.05	<0.05	<0.05	<0.05
<b>XI Other malignant epithelial neoplasms &amp; melanomas</b>	<b>256</b>	<b>0.6</b>	<b>0.5</b>	<b>0.7</b>	<b>0.5</b>	<b>0.4</b>	<b>0.7</b>
XI(a) Adrenocortical carcinomas	8	<0.05	--	--	<0.05	<0.05	<0.05
XI(b) Thyroid carcinomas	86	0.2	0.1	0.3	0.2	0.1	0.3
XI(c) Nasopharyngeal carcinomas	13	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
XI(d) Malignant melanomas	66	0.2	0.1	0.2	0.2	0.1	0.2
XI(e) Skin carcinomas	--	--	--	--	<0.05	--	--
XI(f) Other & unspecified carcinomas	81	0.2	0.2	0.2	0.1	0.1	0.2
<b>XII Other &amp; unspecified malignant neoplasms</b>	<b>91</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>&lt;0.05</b>	<b>&lt;0.05</b>	<b>&lt;0.05</b>
XII(a) Other specified malignant tumors	14	<0.05	--	0.1	<0.05	<0.05	<0.05
XII(b) Other unspecified malignant tumors	77	0.2	0.2	0.2	<0.05	<0.05	<0.05
<b>Not classified by ICCC or <i>in situ</i></b>	<b>8</b>	<b>&lt;0.05</b>	<b>&lt;0.05</b>	<b>--</b>	<b>&lt;0.05</b>	<b>&lt;0.05</b>	<b>&lt;0.05</b>

<sup>a</sup>International Classification of Childhood Cancer (ICCC) is based on ICD-O-3. For details see NCI's SEER program website <http://www.seer.cancer.gov/iccc/iccc3.html>. Only invasive cases are included except bladder cancer *in situ* is included in All Cancers and Not Classified.

Rates are per 100,000 and age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard.

Rates are rounded to the nearest tenth.

-- Counts and rates are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data sources: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008;

U.S. data - Surveillance, Epidemiology, and End Results (SEER) Program 9 Registries Limited-Use November 2006 data.

**Table 3: Childhood Cancer Cases and Incidence Rates by ICCC Category and Gender  
New Jersey and the U.S., All Races, Ages 0-19**

ICCC Category <sup>a</sup>	New Jersey 1979-2005				U.S. 1979-2004		
	Total	Total	Male	Female	Total	Male	Female
	Cases	Rate	Rate	Rate	Rate	Rate	Rate
<b>All Cancers</b>	<b>10,262</b>	<b>17.3</b>	<b>18.5</b>	<b>16.1</b>	<b>15.7</b>	<b>16.6</b>	<b>14.8</b>
<b>I Leukemias, myeloproliferative &amp; myelodysplastic diseases</b>	<b>2,586</b>	<b>4.4</b>	<b>4.9</b>	<b>3.9</b>	<b>3.8</b>	<b>4.2</b>	<b>3.5</b>
I(a) Lymphoid leukemias	1,903	3.2	3.6	2.9	2.9	3.2	2.6
I(b) Acute myeloid leukemias	444	0.7	0.9	0.6	0.7	0.7	0.7
I(c) Chronic myeloproliferative diseases	63	0.1	0.1	0.1	0.1	0.1	0.1
I(d) Myelodysplastic syndrome & other myeloproliferative	10	<0.05	--	--	<0.05	<0.05	<0.05
I(e) Unspecified & other specified leukemias	166	0.3	0.3	0.2	0.1	0.1	0.1
<b>II Lymphomas &amp; reticuloendothelial neoplasms</b>	<b>1,780</b>	<b>3.0</b>	<b>3.5</b>	<b>2.5</b>	<b>2.4</b>	<b>2.8</b>	<b>2.0</b>
II(a) Hodgkin lymphomas	966	1.6	1.6	1.6	1.3	1.3	1.3
II(b) Non-Hodgkin lymphomas (except Burkitt lymphoma)	524	0.9	1.2	0.6	0.8	1.0	0.5
II(c) Burkitt lymphoma	152	0.3	0.4	0.1	0.2	0.4	0.1
II(d) Miscellaneous lymphoreticular neoplasms	51	0.1	0.1	0.1	0.1	0.1	<0.05
II(e) Unspecified lymphomas	87	0.1	0.2	0.1	0.1	0.1	<0.05
<b>III CNS &amp; miscellaneous intracranial &amp; intraspinal neoplasms</b>	<b>1,767</b>	<b>3.0</b>	<b>3.2</b>	<b>2.8</b>	<b>2.8</b>	<b>3.1</b>	<b>2.5</b>
III(a) Ependymomas & choroid plexus tumor	137	0.2	0.3	0.2	0.2	0.3	0.2
III(b) Astrocytomas	847	1.4	1.5	1.3	1.4	1.5	1.4
III(c) Intracranial & intraspinal embryonal tumors	341	0.6	0.7	0.5	0.6	0.7	0.4
III(d) Other gliomas	282	0.5	0.5	0.5	0.5	0.5	0.5
III(e) Other specified intracranial/intraspinal neoplasms	27	<0.05	<0.05	0.1	<0.05	<0.05	<0.05
III(f) Unspecified intracranial & intraspinal neoplasms	133	0.2	0.2	0.3	<0.05	<0.05	<0.05
<b>IV Neuroblastoma &amp; other peripheral nervous cell tumors</b>	<b>536</b>	<b>0.9</b>	<b>1.0</b>	<b>0.8</b>	<b>0.8</b>	<b>0.9</b>	<b>0.8</b>
IV(a) Neuroblastoma & ganglioneuroblastoma	522	0.9	0.9	0.8	0.8	0.8	0.8
IV(b) Other peripheral nervous cell tumors	14	<0.05	<0.05	--	<0.05	<0.05	<0.05
<b>V Retinoblastoma</b>	<b>192</b>	<b>0.3</b>	<b>0.3</b>	<b>0.3</b>	<b>0.3</b>	<b>0.3</b>	<b>0.3</b>
<b>VI Renal tumors</b>	<b>422</b>	<b>0.7</b>	<b>0.6</b>	<b>0.8</b>	<b>0.7</b>	<b>0.6</b>	<b>0.7</b>
VI(a) Nephroblastoma & other nonepithelial renal tumors	379	0.6	0.6	0.7	0.6	0.6	0.7
VI(b) Renal carcinomas	37	0.1	<0.05	0.1	<0.05	<0.05	0.1
VI(c) Unspecified malignant renal tumors	6	<0.05	--	--	<0.05	<0.05	<0.05
<b>VII Hepatic tumors</b>	<b>94</b>	<b>0.2</b>	<b>0.2</b>	<b>0.1</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>
VII(a) Hepatoblastoma	58	0.1	0.1	0.1	0.1	0.1	0.1
VII(b) Hepatic carcinomas	32	0.1	<0.05	0.1	<0.05	0.1	<0.05
VII(c) Unspecified malignant hepatic tumors	--	--	--	--	<0.05	<0.05	<0.05

**Table 3 (cont'd): Childhood Cancer Cases and Incidence Rates by ICCC Category and Gender  
New Jersey and the U.S., All Races, Ages 0-19**

ICCC Category <sup>a</sup>	New Jersey 1979-2005				U. S. 1979-2004		
	Total	Total	Male	Female	Total	Male	Female
	Cases	Rate	Rate	Rate	Rate	Rate	Rate
<b>VIII Malignant bone tumors</b>	<b>529</b>	<b>0.9</b>	<b>1.0</b>	<b>0.8</b>	<b>0.9</b>	<b>1.0</b>	<b>0.7</b>
VIII(a) Osteosarcomas	277	0.5	0.5	0.4	0.5	0.6	0.4
VIII(b) Chondrosarcomas	34	0.1	0.1	<0.05	<0.05	0.1	<0.05
VIII(c) Ewing tumor & related sarcomas of bone	173	0.3	0.3	0.2	0.3	0.3	0.3
VIII(d) Other specified malignant bone tumors	23	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
VIII(e) Unspecified malignant bone tumors	22	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
<b>IX Soft tissue &amp; other extraosseous sarcomas</b>	<b>696</b>	<b>1.2</b>	<b>1.3</b>	<b>1.0</b>	<b>1.1</b>	<b>1.2</b>	<b>1.0</b>
IX(a) Rhabdomyosarcomas	287	0.5	0.6	0.4	0.5	0.5	0.4
IX(b) Fibrosarcomas, peripheral nerve sheath & other fibrous neoplasms	85	0.1	0.1	0.1	0.1	0.1	0.2
IX(c) Kaposi sarcoma	10	<0.05	<0.05	--	<0.05	<0.05	<0.05
IX(d) Other specified soft tissue sarcomas	250	0.4	0.5	0.4	0.4	0.4	0.4
IX(e) Unspecified soft tissue sarcomas	64	0.1	0.1	0.1	0.1	0.1	0.1
<b>X Germ cell &amp; trophoblastic tumors &amp; neoplasms of gonads</b>	<b>636</b>	<b>1.1</b>	<b>1.2</b>	<b>0.9</b>	<b>1.0</b>	<b>1.2</b>	<b>0.9</b>
X(a) Intracranial & intraspinal germ cell tumors	67	0.1	0.2	0.1	0.2	0.2	0.1
X(b) Extracranial & extragonadal germ cell tumors	107	0.2	0.1	0.2	0.2	0.1	0.2
X(c) Malignant gonadal germ cell tumors	399	0.7	0.9	0.5	0.7	0.9	0.5
X(d) Gonadal carcinomas	46	0.1	--	0.1	0.1	<0.05	0.1
X(e) Other & unspecified malignant gonadal tumors	17	<0.05	--	0.1	<0.05	<0.05	<0.05
<b>XI Other malignant epithelial neoplasms &amp; melanomas</b>	<b>848</b>	<b>1.4</b>	<b>1.0</b>	<b>1.8</b>	<b>1.5</b>	<b>1.0</b>	<b>2.1</b>
XI(a) Adrenocortical carcinomas	13	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
XI(b) Thyroid carcinomas	324	0.5	0.2	0.9	0.5	0.2	0.9
XI(c) Nasopharyngeal carcinomas	35	0.1	0.1	<0.05	0.1	0.1	<0.05
XI(d) Malignant melanomas	223	0.4	0.3	0.4	0.5	0.4	0.6
XI(e) Skin carcinomas	--	--	--	--	<0.05	<0.05	<0.05
XI(f) Other & unspecified carcinomas	249	0.4	0.4	0.5	0.4	0.3	0.4
<b>XII Other &amp; unspecified malignant neoplasms</b>	<b>156</b>	<b>0.3</b>	<b>0.2</b>	<b>0.3</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>
XII(a) Other specified malignant tumors	17	<0.05	--	0.1	<0.05	<0.05	<0.05
XII(b) Other unspecified malignant tumors	139	0.2	0.2	0.3	<0.05	<0.05	<0.05
<b>Not classified by ICCC or <i>in situ</i></b>	<b>20</b>	<b>&lt;0.05</b>	<b>&lt;0.05</b>	<b>&lt;0.05</b>	<b>&lt;0.05</b>	<b>0.1</b>	<b>&lt;0.05</b>

<sup>a</sup>International Classification of Childhood Cancer (ICCC) is based on ICD-O-3. For details see NCI's SEER program website <http://www.seer.cancer.gov/iccc/iccc3.html>. Only invasive cases are included except bladder cancer *in situ* included in All Cancers and Not Classified.

Rates are per 100,000 and age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard. Rates are rounded to the nearest tenth.

Counts and rates are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data sources: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008; U.S. data - Surveillance, Epidemiology, and End Results (SEER) Program 9 Registries Limited-Use November 2006 data.

Table 4: Total Childhood Cancer Incidence by 9-Year Time Periods, Age Group and County, New Jersey, 1979-2005

County	0-14								0-19							
	1979-2005		1979-1987		1988-1996		1997-2005		1979-2005		1979-1987		1988-1996		1997-2005	
	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Atlantic	18.2	230	18.1	65	19.6	83	17.1	82	18.2	308	18.0	91	19.0	106	17.7	111
Bergen	15.0	628	13.9	182	15.5	211	15.5	235	17.5	1,002	16.2	319	18.0	320	18.5	363
Burlington	15.7	360	16.5	120	14.8	115	15.9	125	16.9	528	17.3	183	16.2	165	17.4	180
Camden	15.6	470	16.2	158	14.7	154	15.9	158	17.6	708	18.0	245	17.3	231	17.7	232
Cape May	19.3	91	17.8	25	18.1	31	21.9	35	19.7	125	18.1	36	20.5	45	20.5	44
Cumberland	15.4	128	15.4	42	14.9	42	16.1	44	16.3	183	16.4	63	15.3	57	17.3	63
Essex	14.0	653	13.2	208	14.7	222	14.2	223	15.6	983	14.9	337	15.7	314	16.4	332
Gloucester	17.1	239	19.9	85	14.6	71	17.1	83	18.8	356	21.5	129	15.1	96	19.8	131
Hudson	16.4	495	15.3	151	18.5	182	15.5	162	16.9	690	15.7	220	18.3	239	16.9	231
Hunterdon	18.5	115	24.9	44	16.0	34	16.0	37	19.4	159	24.6	61	17.9	48	16.7	50
Mercer	15.1	267	15.1	82	15.1	90	15.0	95	15.4	379	15.9	128	14.6	118	15.4	133
Middlesex	16.2	585	16.3	172	16.3	194	16.1	219	17.6	882	16.9	267	17.7	284	18.3	331
Monmouth	16.5	538	15.2	149	19.6	214	14.8	175	18.2	793	17.0	238	21.0	295	17.0	260
Morris	16.1	391	15.0	112	16.7	130	16.7	149	18.1	589	16.8	184	18.9	192	18.8	213
Ocean	17.5	417	16.3	110	17.6	141	18.1	166	18.8	585	16.7	152	19.1	195	20.3	238
Passaic	15.3	422	15.1	128	14.7	134	16.3	160	17.3	639	17.3	212	16.2	194	18.3	233
Salem	15.6	58	17.8	23	12.0	15	17.2	20	17.7	90	22.2	41	13.8	23	16.5	26
Somerset	16.8	239	12.3	44	16.5	77	20.0	118	17.7	327	14.4	76	16.0	95	21.2	156
Sussex	16.8	143	18.4	49	13.6	40	18.7	54	20.1	220	20.1	71	17.4	63	22.8	86
Union	14.1	383	13.4	110	13.2	117	15.6	156	15.7	575	15.6	190	15.0	172	16.6	213
Warren	17.0	93	14.0	23	19.4	36	17.0	34	19.6	141	16.5	38	22.3	52	19.8	51
State	15.8	6,945	15.4	2,082	16.0	2,333	16.1	2,530	17.3	10,262	16.8	3,281	17.3	3,304	17.9	3,677

Only invasive cases are included except bladder cancer *in situ* is included.

Rates are per 100,000 and age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard.

Rates are rounded to the nearest tenth.

Data source: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008.

Table 5: Leukemia<sup>a</sup> Incidence by 9-Year Time Periods, Age Group and County, New Jersey, 1979-2005

County	0-14								0-19							
	1979-2005		1979-1987		1988-1996		1997-2005		1979-2005		1979-1987		1988-1996		1997-2005	
	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Atlantic	5.5	70	5.4	19	5.7	25	5.4	26	4.8	82	5.1	25	4.8	28	4.6	29
Bergen	5.0	210	5.4	70	4.6	64	5.0	76	4.6	258	4.8	86	4.4	80	4.6	92
Burlington	5.1	116	5.6	40	4.6	36	5.1	40	4.5	139	4.9	49	4.0	41	4.7	49
Camden	4.7	143	4.7	45	4.6	49	4.9	49	4.4	177	4.4	59	4.4	61	4.3	57
Cape May	6.2	29	6.6	9	4.6	8	7.6	12	5.9	37	5.8	11	4.4	10	7.5	16
Cumberland	5.0	41	4.0	11	5.6	16	5.1	14	4.4	49	3.7	14	4.8	18	4.7	17
Essex	4.0	188	4.0	62	4.1	63	4.0	63	3.6	228	3.4	73	3.9	80	3.6	75
Gloucester	5.1	72	6.4	27	4.9	24	4.3	21	4.5	85	5.5	32	4.2	27	4.0	26
Hudson	5.3	160	5.4	53	5.2	51	5.3	56	4.7	191	4.9	67	4.6	60	4.6	64
Hunterdon	6.1	38	8.1	14	3.7	8	6.9	16	5.6	46	7.1	17	4.1	11	5.9	18
Mercer	4.2	75	5.0	27	4.0	24	3.8	24	3.9	95	4.6	36	3.6	29	3.5	30
Middlesex	5.7	208	6.5	67	4.8	58	6.1	83	4.9	243	5.7	84	4.1	66	5.1	93
Monmouth	4.3	141	3.9	38	5.7	63	3.4	40	3.8	167	3.7	50	4.7	69	3.1	48
Morris	5.2	127	4.0	29	5.8	45	5.9	53	4.5	146	3.5	36	5.1	52	4.9	58
Ocean	4.9	118	4.3	29	5.5	44	4.9	45	4.5	142	3.9	35	5.0	52	4.6	55
Passaic	4.7	130	5.1	43	3.9	36	5.2	51	4.2	155	4.3	50	3.6	44	4.7	61
Salem	4.3	16	--	--	3.9	5	6.7	8	3.4	17	--	--	3.6	6	5.0	8
Somerset	5.1	73	5.2	18	3.3	16	6.5	39	5.0	94	5.4	27	3.3	20	6.2	47
Sussex	5.1	43	5.2	14	4.7	14	5.4	15	4.3	48	4.2	15	4.4	17	4.3	16
Union	4.3	118	4.3	35	3.9	35	4.8	48	4.2	152	4.0	47	3.7	44	4.7	61
Warren	5.3	29	6.1	10	5.0	9	5.0	10	4.8	35	5.0	11	4.7	11	5.0	13
State	4.9	2,145	5.0	663	4.7	693	5.0	789	4.4	2,586	4.4	827	4.2	826	4.5	933

<sup>a</sup>International Classification of Childhood Cancer (ICCC) is based on ICD-O-3. For details see NCI's SEER program website <http://www.seer.cancer.gov/iccc/iccc3.html>. Only invasive cases are included except bladder cancer *in situ* is included.

Rates are per 100,000 and age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard.

Rates are rounded to the nearest tenth.

-- Counts and rates are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data source: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008.

Table 6: Lymphoid Leukemia<sup>a</sup> Incidence by 9-Year Time Periods, Age Group and County, New Jersey, 1979-2005

County	0-14								0-19							
	1979-2005		1979-1987		1988-1996		1997-2005		1979-2005		1979-1987		1988-1996		1997-2005	
	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Atlantic	4.2	53	3.9	14	4.5	19	4.2	20	3.5	59	3.6	18	3.7	21	3.1	20
Bergen	4.0	167	3.8	49	3.7	52	4.3	66	3.4	194	3.1	55	3.5	64	3.7	75
Burlington	3.5	81	3.6	26	3.1	25	3.8	30	3.1	96	3.2	32	2.8	29	3.4	35
Camden	3.9	119	3.6	35	4.2	45	3.9	39	3.3	132	3.1	40	3.6	50	3.2	42
Cape May	4.9	23	5.8	8	4.0	7	5.0	8	4.6	29	4.8	9	4.0	9	5.1	11
Cumberland	4.0	33	2.9	8	4.5	13	4.4	12	3.4	38	2.6	10	3.7	14	3.8	14
Essex	3.1	143	2.7	42	3.3	51	3.2	50	2.6	163	2.2	47	2.9	58	2.8	58
Gloucester	4.1	58	4.8	20	4.1	20	3.7	18	3.5	65	4.0	23	3.2	21	3.2	21
Hudson	4.1	124	4.0	39	4.2	42	4.1	43	3.4	137	3.3	44	3.4	45	3.4	48
Hunterdon	5.7	35	7.6	13	3.2	7	6.5	15	5.0	41	6.7	16	3.3	9	5.2	16
Mercer	3.1	54	3.2	17	3.0	18	3.0	19	2.8	67	3.0	23	2.7	22	2.6	22
Middlesex	4.3	156	4.8	49	3.7	45	4.5	62	3.6	175	3.9	56	3.1	51	3.7	68
Monmouth	3.5	113	3.0	29	5.0	55	2.4	29	3.0	130	2.6	34	4.2	61	2.2	35
Morris	4.0	97	2.9	21	4.5	35	4.5	41	3.3	108	2.3	22	4.0	41	3.8	45
Ocean	3.9	95	3.6	24	4.5	36	3.8	35	3.4	108	3.2	29	3.7	39	3.3	40
Passaic	3.8	105	4.2	36	3.2	30	3.9	39	3.2	118	3.4	39	2.7	33	3.5	46
Salem	3.2	12	--	--	--	--	5.9	7	2.4	12	--	--	--	--	4.4	7
Somerset	3.9	56	4.1	14	2.7	13	4.8	29	3.6	67	3.4	16	2.4	15	4.8	36
Sussex	4.2	36	4.5	12	4.0	12	4.3	12	3.3	37	3.4	12	3.0	12	3.5	13
Union	3.0	82	2.8	23	2.5	23	3.6	36	2.8	101	2.5	29	2.4	28	3.4	44
Warren	4.2	23	5.5	9	3.9	7	3.5	7	3.6	26	4.1	9	3.9	9	3.0	8
State	3.8	1,665	3.7	489	3.8	559	3.9	617	3.2	1,903	3.1	564	3.2	635	3.4	704

<sup>a</sup>International Classification of Childhood Cancer (ICCC) is based on ICD-O-3. For details see NCI's SEER program website

<http://www.seer.cancer.gov/iccc/iccc3.html>. Only invasive cases are included except bladder cancer *in situ* is included.

Rates are per 100,000 and age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard.

Rates are rounded to the nearest tenth.

-- Counts and rates are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data source: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008.

Table 7: Central Nervous System<sup>a</sup> Cancer Incidence by 9-Year Time Periods, Age Group and County, New Jersey, 1979-2005

County	0-14								0-19							
	1979-2005		1979-87		1988-96		1997-05		1979-2005		1979-87		1988-96		1997-05	
	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Atlantic	3.6	45	4.0	14	4.5	19	2.5	12	3.1	53	3.3	16	4.0	22	2.4	15
Bergen	2.9	122	2.0	26	2.8	38	3.8	58	2.7	152	2.1	41	2.5	44	3.3	67
Burlington	3.0	69	3.6	26	2.4	19	3.0	24	2.8	86	3.2	33	2.4	25	2.7	28
Camden	3.3	98	3.8	37	3.4	35	2.6	26	3.0	119	3.8	50	3.0	41	2.1	28
Cape May	4.0	19	3.5	5	4.1	7	4.1	7	3.3	21	3.1	6	3.5	8	3.1	7
Cumberland	3.7	31	2.5	7	3.5	10	5.1	14	3.1	35	1.9	7	3.2	12	4.4	16
Essex	2.7	123	2.2	34	3.2	47	2.7	42	2.4	151	2.2	49	2.7	53	2.4	49
Gloucester	3.9	54	4.0	17	3.7	18	3.9	19	3.4	64	3.3	19	3.3	21	3.6	24
Hudson	3.1	93	2.4	23	4.5	44	2.5	26	2.8	114	2.3	31	3.7	48	2.6	35
Hunterdon	3.9	24	5.2	9	2.8	6	3.8	9	3.5	29	4.2	10	2.5	7	3.9	12
Mercer	3.7	65	2.6	14	4.4	26	4.0	25	3.2	77	2.1	15	3.5	28	3.9	34
Middlesex	3.2	113	2.2	23	4.1	47	3.2	43	3.0	147	2.0	31	3.7	58	3.2	58
Monmouth	4.1	134	3.5	34	4.7	51	4.1	49	3.7	163	3.3	44	4.4	63	3.6	56
Morris	3.5	84	4.4	33	3.1	24	3.0	27	3.1	100	3.7	38	3.0	30	2.7	32
Ocean	4.5	107	4.9	33	3.6	29	4.9	45	3.7	118	4.1	37	3.2	33	4.0	48
Passaic	3.2	88	3.1	26	3.0	27	3.6	35	3.1	114	3.4	41	2.5	30	3.4	43
Salem	2.7	10	--	--	--	--	--	--	2.8	14	3.3	6	--	--	3.2	5
Somerset	3.9	55	3.4	12	3.9	18	4.2	25	3.8	70	3.2	16	3.5	21	4.5	33
Sussex	3.4	29	2.6	7	2.7	8	4.7	14	3.4	38	3.4	12	2.6	10	4.1	16
Union	2.4	64	2.8	22	2.3	20	2.2	22	2.3	84	2.6	30	2.2	25	2.2	29
Warren	2.5	14	--	--	5.2	10	--	--	2.5	18	--	--	4.4	11	--	--
State	3.3	1,441	3.0	407	3.5	505	3.4	529	3.0	1,767	2.8	535	3.1	593	3.1	639

<sup>a</sup>International Classification of Childhood Cancer (ICCC) is based on ICD-O-3. For details see NCI's SEER program website <http://www.seer.cancer.gov/iccc/iccc3.html>. Only invasive cases are included except bladder cancer *in situ* is included.

Rates are per 100,000 and age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard.

Rates are rounded to the nearest tenth.

-- Counts and rates are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data source: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008.

Table 8: Incidence of Selected Childhood Cancers<sup>a</sup> by County, New Jersey, Ages 0-14, 1979-2005

County	Lymphomas		Hodgkin lymphomas		Non-Hodgkin lymphomas		Neuroblastoma		Renal tumors		Bone tumors		Soft tissue sarcomas		Germ cell tumors	
	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Atlantic	2.6	32	0.9	11	1.2	15	1.2	16	1.4	18	0.6	8	1.3	16	0.7	9
Bergen	1.7	72	0.7	31	0.4	19	0.9	36	0.7	31	0.8	34	0.8	33	0.5	21
Burlington	1.5	34	0.6	13	0.7	15	1.3	29	0.9	21	0.6	13	1.1	26	0.7	17
Camden	1.8	53	0.5	15	0.9	26	1.2	38	0.9	27	0.5	14	1.0	30	0.6	19
Cape May	2.1	10	1.0	5	1.1	5	1.5	7	2.1	10	--	--	1.3	6	1.1	5
Cumberland	1.3	11	--	--	--	--	1.3	11	--	--	0.8	7	1.3	11	1.0	8
Essex	1.9	89	0.9	41	0.6	26	1.0	49	0.8	39	0.6	27	1.2	55	0.6	29
Gloucester	2.1	30	0.7	10	1.0	14	1.7	24	0.8	11	0.7	10	0.9	13	0.7	10
Hudson	2.1	61	0.8	24	0.6	18	1.1	34	0.8	25	1.0	29	0.7	22	0.6	17
Hunterdon	1.8	11	1.0	6	--	--	1.3	8	1.0	6	--	--	1.3	8	--	--
Mercer	2.2	38	1.0	17	0.9	16	0.8	14	1.0	18	0.9	15	0.5	9	0.3	6
Middlesex	1.9	69	0.6	21	0.9	31	1.1	41	0.7	24	0.6	20	0.7	26	0.6	23
Monmouth	2.0	65	0.8	27	0.7	23	1.2	37	1.0	33	1.0	32	1.0	33	0.4	14
Morris	1.4	35	0.4	11	0.4	10	1.3	32	0.9	23	0.8	19	1.0	25	0.5	12
Ocean	1.9	45	0.6	15	0.6	14	1.5	37	1.0	23	0.7	17	1.4	34	0.5	11
Passaic	1.7	46	0.6	16	0.6	16	0.9	26	0.9	26	0.5	14	1.2	33	0.7	18
Salem	1.8	7	--	--	--	--	--	--	1.7	6	1.3	5	1.4	5	--	--
Somerset	2.2	30	1.1	15	0.6	8	1.5	23	0.9	13	0.6	8	0.8	11	--	--
Sussex	2.2	19	1.2	10	--	--	1.4	12	1.2	10	0.7	6	0.7	6	--	--
Union	1.7	46	0.5	13	0.7	18	0.9	26	0.9	25	0.6	17	1.3	36	0.7	19
Warren	2.2	12	1.1	6	--	--	1.4	8	0.9	5	1.1	6	1.3	7	--	--
State	1.9	815	0.7	312	0.7	288	1.1	512	0.9	395	0.7	307	1.0	445	0.6	247

<sup>a</sup>International Classification of Childhood Cancer (ICCC) is based on ICD-O-3. For details see NCI's SEER program website

<http://www.seer.cancer.gov/iccc/iccc3.html>. Only invasive cases are included except bladder cancer *in situ* is included.

Rates are per 100,000 and age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard.

Rates are rounded to the nearest tenth.

-- Counts and rates are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data source: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008.

Table 9: Incidence of Selected Childhood Cancers<sup>a</sup> by County, New Jersey, Ages 0-19, 1979-2005

County	Lymphomas		Hodgkin lymphomas		Non-Hodgkin lymphomas		Neuroblastoma		Renal tumors		Bone tumors		Soft tissue sarcomas		Germ cell tumors	
	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases
Atlantic	3.3	55	1.7	28	1.1	18	0.9	16	1.1	18	0.9	15	1.4	23	0.9	15
Bergen	3.1	182	1.9	113	0.8	44	0.7	37	0.7	38	1.0	60	1.0	60	1.0	57
Burlington	2.6	84	1.5	47	0.9	29	1.0	29	0.7	22	0.9	29	1.4	43	1.2	38
Camden	3.0	121	1.5	59	1.1	42	1.0	39	0.7	28	0.7	29	1.0	42	1.1	45
Cape May	2.7	17	1.1	7	0.9	6	1.3	8	1.6	10	0.8	5	1.6	10	0.9	6
Cumberland	2.1	24	1.0	11	0.6	7	1.0	11	--	--	0.9	10	1.3	14	1.8	20
Essex	2.8	178	1.5	95	0.8	53	0.8	50	0.7	43	0.8	49	1.4	91	1.1	73
Gloucester	3.4	65	1.7	33	1.2	23	1.4	25	0.6	12	0.9	18	1.3	24	1.3	24
Hudson	2.9	119	1.6	64	0.9	35	0.8	34	0.6	26	1.1	44	0.8	34	1.0	40
Hunterdon	3.1	25	2.1	17	0.7	6	1.0	8	0.7	6	0.7	6	1.2	10	0.9	7
Mercer	2.8	71	1.4	35	1.0	25	0.6	14	0.8	18	0.8	19	0.6	16	0.9	24
Middlesex	3.2	165	1.6	85	1.1	53	0.8	42	0.5	25	0.8	41	0.9	45	1.2	61
Monmouth	3.1	136	1.9	81	0.8	36	0.9	38	0.8	35	1.2	51	1.2	51	1.1	48
Morris	2.7	90	1.4	46	0.8	25	1.0	33	0.7	24	0.9	29	1.3	42	1.1	36
Ocean	3.0	90	1.6	49	0.7	22	1.2	39	0.8	25	0.9	28	1.5	48	1.0	29
Passaic	3.1	115	1.7	62	0.8	30	0.7	26	0.7	27	0.9	31	1.3	47	1.1	42
Salem	3.1	16	2.1	11	--	--	--	--	1.2	6	1.5	8	1.6	8	--	--
Somerset	2.8	51	1.8	32	0.7	12	1.2	23	0.7	13	0.7	12	0.8	15	0.7	13
Sussex	4.3	46	2.4	26	1.4	15	1.1	12	1.1	12	0.9	10	1.2	13	0.8	8
Union	2.9	107	1.4	52	1.0	35	0.7	26	0.7	27	0.6	23	1.4	51	1.0	38
Warren	3.2	23	1.8	13	0.7	5	1.1	8	0.8	6	1.7	12	1.2	9	1.1	8
State	3.0	1,780	1.6	966	0.9	524	0.9	522	0.7	422	0.9	529	1.2	696	1.1	636

<sup>a</sup>International Classification of Childhood Cancer (ICCC) is based on ICD-O-3. For details see NCI's SEER program website

<http://www.seer.cancer.gov/iccc/iccc3.html>. Only invasive cases are included except bladder cancer *in situ* is included.

Rates are per 100,000 and age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard.

Rates are rounded to the nearest tenth.

-- Counts and rates are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data source: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008.

**Table 10: Childhood Cancer Incidence by Primary Site and Age Group, New Jersey, All Races, Males, 1979-2005**

Primary Cancer Site <sup>a</sup>	Age Groups													
	0-14 <sup>b</sup>		0-19 <sup>b</sup>		<1		1-4		5-9		10-14		15-19	
	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases
<b>All Sites</b>	<b>17.0</b>	<b>3,820</b>	<b>18.5</b>	<b>5,598</b>	<b>25.3</b>	<b>378</b>	<b>22.3</b>	<b>1,318</b>	<b>14.2</b>	<b>1,046</b>	<b>14.2</b>	<b>1,078</b>	<b>22.9</b>	<b>1,778</b>
All Sites (White)	17.7	3,060	19.4	4,552	26.3	301	24.0	1,094	14.7	829	14.2	836	24.5	1,492
All Sites (Black)	13.7	538	14.0	740	19.3	51	14.3	148	12.5	162	13.3	177	15.0	202
Bones & Joints	0.8	172	1.0	312	--	--	0.2	9	0.8	56	1.4	106	1.8	140
Brain & Other Nervous System	3.7	831	3.4	1,007	3.2	48	4.6	271	4.0	296	2.8	216	2.3	176
Hodgkin Lymphoma	0.8	188	1.6	498	--	--	0.2	10	0.6	45	1.8	133	4.0	310
Kidney and Renal Pelvis	0.8	182	0.6	191	1.8	27	1.8	109	0.4	31	0.2	15	0.1	9
Leukemia	5.3	1,195	4.9	1,467	4.4	65	9.1	537	4.8	353	3.2	240	3.5	272
Acute Lymphocytic Leukemia	4.0	903	3.5	1,044	1.5	23	7.5	443	3.8	279	2.1	158	1.8	141
Non-Hodgkin Lymphoma	1.5	328	1.8	538	--	--	1.0	60	1.6	117	1.9	147	2.7	210
Soft Tissue including Heart	1.1	240	1.1	349	4.0	59	1.3	78	0.6	42	0.8	61	1.4	109

<sup>a</sup>Primary Cancer Site (ICD-O-3) codes were used to ensure that incidence rates are comparable to mortality rates. A complete listing of the ICD-0-3 site codes can be found at - [http://seer.cancer.gov/siterecode/icdo3\\_d01272003/](http://seer.cancer.gov/siterecode/icdo3_d01272003/). Only invasive cases are included except bladder cancer *in situ* is included in All Sites.

<sup>b</sup>For age groups 0-14 and 0-19 the rates are age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard. Rates are per 100,000 and rounded to the nearest tenth.

-- Counts and rates are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data source: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008.

**Table 11: Childhood Cancer Incidence by Primary Site and Age Group, New Jersey, All Races, Females, 1979-2005**

Primary Cancer Site <sup>a</sup>	Age Groups													
	0-14 <sup>b</sup>		0-19 <sup>b</sup>		<1		1-4		5-9		10-14		15-19	
	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases
All Sites	14.6	3,125	16.1	4,664	23.9	342	18.8	1,059	10.9	764	13.3	960	20.9	1,539
All Sites (White)	15.0	2,480	16.8	3,735	25.7	282	19.3	837	11.2	602	13.6	759	21.9	1,255
All Sites (Black)	11.5	439	12.4	637	14.8	38	14.3	143	9.3	117	10.9	141	15.0	198
Bones & Joints	0.6	135	0.8	217	--	--	0.1	5	0.4	28	1.4	102	1.1	82
Brain & Other Nervous System	3.1	663	2.8	812	4.0	57	3.5	196	3.1	216	2.7	194	2.0	149
Hodgkin Lymphoma	0.6	124	1.6	468	--	--	--	--	0.2	13	1.5	106	4.7	344
Kidney and Renal Pelvis	1.0	219	0.8	238	2.2	32	2.1	118	0.8	57	0.2	12	0.3	19
Leukemia	4.4	951	3.9	1,120	4.6	66	7.6	428	3.7	261	2.7	196	2.3	169
Acute Lymphocytic Leukemia	3.4	733	2.8	815	2.2	31	6.5	367	3.0	212	1.7	123	1.1	82
Non-Hodgkin Lymphoma	0.6	127	0.8	224	--	--	0.5	26	0.6	41	0.8	60	1.3	97
Soft Tissue including Heart	1.0	227	1.0	294	3.8	55	1.5	84	0.6	42	0.6	46	0.9	67

<sup>a</sup>Primary Cancer Site (ICD-O-3) codes were used to ensure that incidence rates are comparable to mortality rates. A complete listing of the ICD-O-3 site codes can be found at - [http://seer.cancer.gov/siterecode/icdo3\\_d01272003/](http://seer.cancer.gov/siterecode/icdo3_d01272003/). Only invasive cases are included except bladder cancer *in situ* is included in All Sites.

<sup>b</sup>For age groups 0-14 and 0-19 the rates are age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard. Rates are per 100,000 and rounded to the nearest tenth.

-- Counts and rates are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data source: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008.

**Table 12: Childhood Cancer Mortality by Primary Site and Age Group, New Jersey, All Races, Males, 1979-2005**

Primary Cancer Site <sup>a</sup>	Age Groups													
	0-14 <sup>b</sup>		0-19 <sup>b</sup>		<1		1-4		5-9		10-14		15-19	
	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases
All Sites	3.5	747	3.9	1,129	2.2	31	3.4	195	3.8	267	3.5	254	5.1	382
All Sites (White)	3.5	584	4.0	892	2.5	28	3.6	158	3.9	210	3.3	188	5.2	308
All Sites (Black)	3.6	135	3.9	198	--	--	2.7	27	3.9	49	4.5	58	4.9	63
Bones and Joints	0.1	27	0.3	77	--	--	--	--	0.1	5	0.3	21	0.7	50
Brain and Other Nervous System	0.9	190	0.8	238	--	--	0.8	43	1.2	84	0.8	60	0.6	48
Hodgkin Lymphoma	--	--	0.1	21	--	--	--	--	--	--	--	--	0.2	18
Kidney and Renal Pelvis	0.1	21	0.1	23	--	--	0.1	8	0.1	9	--	--	--	--
Leukemia	1.2	252	1.3	372	0.6	8	1.0	57	1.4	96	1.2	91	1.6	120
Acute Lymphocytic Leukemia	0.6	136	0.6	178	--	--	0.4	23	0.8	55	0.8	57	0.6	42
Non-Hodgkin Lymphoma	0.3	61	0.4	109	--	--	0.2	11	0.2	16	0.5	34	0.6	48
Soft Tissue including Heart	0.2	42	0.2	71	--	--	0.1	6	0.2	16	0.3	19	0.4	29

<sup>a</sup>Primary Cancer Site (ICD-9 & ICD-10). A complete listing of the codes can be found at -

<http://seer.cancer.gov/codrecode/1969+ d03252004/index.html>.

<sup>b</sup>For age groups 0-14 and 0-19 the rates are age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard. Rates are per 100,000 and rounded to the nearest tenth.

-- Counts and rates are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data source: Underlying mortality data were provided by the National Center for Health Statistics ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)).

**Table 13. Childhood Cancer Mortality by Primary Site and Age Group, New Jersey, All Races, Females, 1979-2005**

Primary Cancer Site <sup>a</sup>	Age Groups													
	0-14 <sup>b</sup>		0-19 <sup>b</sup>		<1		1-4		5-9		10-14		15-19	
	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases
All Sites	2.9	591	3.2	875	2.4	33	3.0	164	2.9	199	2.8	195	4.0	284
All Sites (White)	3.0	481	3.3	699	2.5	26	3.2	135	3.2	167	2.9	153	3.9	218
All Sites (Black)	2.5	91	3.0	148	2.4	6	2.1	20	2.4	29	2.9	36	4.5	57
Bones and Joints	0.1	18	0.2	50	--	--	--	--	--	--	0.2	13	0.4	32
Brain and Other Nervous System	0.8	154	0.7	187	0.4	6	0.5	28	1.0	68	0.7	52	0.5	33
Hodgkin Lymphoma	0.0	4	0.1	25	--	--	--	--	--	--	--	--	0.3	21
Kidney and Renal Pelvis	0.1	19	0.1	26	--	--	0.1	5	0.1	8	--	--	0.1	7
Leukemia	1.0	209	1.1	300	0.7	9	1.2	67	0.8	57	1.1	76	1.3	91
Acute Lymphocytic Leukemia	0.5	103	0.5	141	--	--	0.5	27	0.5	36	0.5	38	0.5	38
Non-Hodgkin Lymphoma	0.1	16	0.1	32	--	--	--	--	0.1	6	0.1	6	0.2	16
Soft Tissue including Heart	0.2	33	0.2	55	--	--	0.1	8	0.1	10	0.2	14	0.3	22

<sup>a</sup>Primary Cancer Site (ICD-9 & ICD-10). A complete listing of the codes can be found at -

[http://seer.cancer.gov/codrecode/1969+\\_d03252004/index.html](http://seer.cancer.gov/codrecode/1969+_d03252004/index.html).

<sup>b</sup>For age groups 0-14 and 0-19 the rates are age-adjusted to the 2000 U. S. Population (19 age groups - Census P25-1130) standard. Rates are per 100,000 and rounded to the nearest tenth.

-- Counts and rates are suppressed when fewer than 5 cases to ensure confidentiality and statistical reliability.

Data source: Underlying mortality data were provided by the National Center for Health Statistics ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)).

**Table 14: Childhood Cancer Incidence Rate Trends by Primary Site, Age Group and 9-Year Time Periods, New Jersey  
All Races, Males, 1979-2005**

Primary Cancer Site <sup>a</sup>	0-14			0-19		
	1979-1987 APC	1988-1996 APC	1997-2005 APC	1979-1987 APC	1988-1996 APC	1997-2005 APC
<b>All Sites</b>	<b>-0.1</b>	<b>1.0</b>	<b>0.5</b>	<b>-0.2</b>	<b>1.4</b>	<b>0.2</b>
All Sites (White)	-0.2	1.2	0.3	0.1	1.2	0.1
All Sites (Black)	2.2	1.8	3.9	2.0	3.3	2.2
Bones & Joints	3.8	0.0	6.8	1.4	2.6	3.8
Brain & Other Nervous System	3.8	4.2	0.5	2.4	4.3	0.3
Hodgkin Lymphoma	-1.1	-7.7	-3.8	1.9	-4.4	-1.5
Kidney & Renal Pelvis	-4.0	1.4	-2.2	-5.4	1.1	-1.0
Leukemia	-2.5	0.5	2.2	-2.9	1.0	2.0
Acute Lymphocytic Leukemia	-3.7	0.0	1.5	-3.5	1.2	2.4
Non-Hodgkin Lymphoma	-1.8	-3.1	0.3	-1.5	-0.3	1.2
Soft Tissue including Heart	-4.5	-3.2	4.0	-2.2	1.9	-1.5

<sup>a</sup>Primary Cancer Site (ICD-O-3) codes were used to ensure that incidence rates are comparable to mortality rates. A complete listing of the ICD-0-3 site codes can be found at - [http://seer.cancer.gov/siterecode/icdo3\\_d01272003/](http://seer.cancer.gov/siterecode/icdo3_d01272003/). Only invasive cases are included except bladder cancer *in situ* is included in All Sites.

APC - Annual Percent Change over the time period. APCs were calculated using the weighted least squares method.

The APCs are based on rates per 100,000 and age-adjusted to the 2000 U.S. Population (19 age groups - Census P25-1130) standard. None of the APCs were significantly different from zero (p<0.05).

Data source: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008

**Table 15: Childhood Cancer Incidence Rate Trends by Primary Site, Age Group and 9-Year Time Periods, U.S.  
All Races, Males, 1979-2004**

Primary Cancer Site <sup>a</sup>	0-14			0-19		
	1979-1987 APC	1988-1996 APC	1997-2004 APC	1979-1987 APC	1988-1996 APC	1997-2004 APC
<b>All Sites</b>	<b>2.2*</b>	<b>0.4</b>	<b>-0.2</b>	<b>1.5*</b>	<b>0.2</b>	<b>0.6</b>
All Sites (White)	-0.2	1.2	0.3	0.1	1.2	0.1
All Sites (Black)	2.2	1.8	3.9	2.0	3.3	2.2
Bones & Joints	3.2	4.7	-9.4	1.2	2.7	-7.7
Brain & Other Nervous System	2.9	-0.4	1.1	2.9	-0.4	1.5
Hodgkin Lymphoma	-2.9	-8.6*	-0.6	-1.1	-3.5	-0.2
Kidney & Renal Pelvis	-0.2	0.3	-4.6	-0.5	0.3	-4.4
Leukemia	2.6*	0.2	0.5	1.9	0.3	1.6
Acute Lymphocytic Leukemia	2.6*	0.0	-0.5	2.3*	-0.2	0.8
Non-Hodgkin Lymphoma	2.9	0.9	-3.5	2.4	1.2	-1.2
Soft Tissue including Heart	4.7	2.9	0.5	4.0	2.3	-0.7

<sup>a</sup>Primary Cancer Site (ICD-O-3) codes were used to ensure that incidence rates are comparable to mortality rates. A complete listing of the ICD-0-3 site codes can be found at - [http://seer.cancer.gov/siterecode/icdo3\\_d01272003/](http://seer.cancer.gov/siterecode/icdo3_d01272003/). Only invasive cases are included except bladder *in situ* was included in all sites.

APC - Annual Percent Change over the time period. APCs were calculated using the weighted least squares method.

The APCs are based on rates per 100,000 and age-adjusted to the 2000 U.S. Population (19 age groups - Census P25-1130) standard.

\*The APC is significantly different from zero (p<0.05).

Data source: Surveillance, Epidemiology, and End Results (SEER) Program 9 Registries Limited-Use November 2006.

**Table 16: Childhood Cancer Incidence Rate Trends by Primary Site, Age Group and 9-Year Time Periods, New Jersey  
All Races, Females, 1979-2005**

Primary Cancer Site <sup>a</sup>	0-14			0-19		
	1979-1987 APC	1988-1996 APC	1997-2005 APC	1979-1987 APC	1988-1996 APC	1997-2005 APC
<b>All Sites</b>	<b>0.5</b>	<b>-0.5</b>	<b>1.6</b>	<b>0.3</b>	<b>0.4</b>	<b>0.9</b>
All Sites (White)	0.3	0.8	0.9	0.5	1.6	0.4
All Sites (Black)	0.1	-2.2	1.6	-1.3	-1.7	-0.2
Bones & Joints	3.9	-5.5	7.6	8.0	-1.1	0.9
Brain & Other Nervous System	3.4	-1.8	1.0	1.8	-1.2	1.5
Hodgkin Lymphoma	--	-1.8	-1.2	-3.8	-1.0	-1.7
Kidney & Renal Pelvis	3.3	-5.5	3.3	3.7	-4.5	4.3
Leukemia	-0.7	2.4	0.9	-1.8	1.6	0.8
Acute Lymphocytic Leukemia	-0.6	0.9	0.2	-0.5	0.6	-0.3
Non-Hodgkin Lymphoma	9.7	3.8	1.3	7.1	1.8	-4.2
Soft Tissue including Heart	-0.1	-5.2	0.0	1.9	-3.1	-5.5

<sup>a</sup>Primary Cancer Site (ICD-O-3) codes were used to ensure that incidence rates are comparable to mortality rates. A complete listing of the ICD-0-3 site codes can be found at - [http://seer.cancer.gov/siterecode/icdo3\\_d01272003/](http://seer.cancer.gov/siterecode/icdo3_d01272003/). Only invasive cases are included except bladder cancer *in situ* is included in All Sites.

APC - Annual Percent Change over the time period. APCs were calculated using the weighted least squares method.

The APCs are based on rates per 100,000 and age-adjusted to the 2000 U.S. Population (19 age groups - Census P25-1130) standard.

None of the APCs were significantly different from zero ( $p < 0.05$ ).

-- Statistic can not be calculated when any year within the time period has a zero count.

Data source: New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, January 2008

**Table 17: Childhood Cancer Incidence Rate Trends by Primary Site, Age Group and 9-Year Time Periods, U.S.  
All Races, Females, 1979-2004**

Primary Cancer Site <sup>a</sup>	0-14			0-19		
	1979-1987 APC	1988-1996 APC	1997-2004 APC	1979-1987 APC	1988-1996 APC	1997-2004 APC
<b>All Sites</b>	<b>1.0</b>	<b>-0.3</b>	<b>-0.4</b>	<b>1.2</b>	<b>-0.1</b>	<b>-0.1</b>
All Sites (White)	1.4	-0.4	-1.0	1.6	-0.1	-0.6
All Sites (Black)	-0.4	-1.7	4.4*	-0.1	-1.4	3.9*
Bones & Joints	-2.5	-4.6	4.2	-0.7	-3.0	3.7
Brain & Other Nervous System	2.7	-0.8	1.2	3.7	-0.6	1.1
Hodgkin Lymphoma	0.2	1.3	-6.9	0.1	-1.9	-5.2*
Kidney & Renal Pelvis	-1.6	0.4	-5.9*	-0.6	0.8	-4.1*
Leukemia	1.5	-1.1	-0.2	1.0	-1.1	0.1
Acute Lymphocytic Leukemia	1.4	-1.5	-0.8	1.2	-1.6	-0.7
Non-Hodgkin Lymphoma	5.0	0.3	7.8	1.4	0.3	7.5
Soft Tissue including Heart	-0.9	4.7	-4.2	-0.5	3.4	-3.7

<sup>a</sup>Primary Cancer Site (ICD-O-3) codes were used to ensure that incidence rates are comparable to mortality rates. A complete listing of the ICD-0-3 site codes can be found at - [http://seer.cancer.gov/siterecode/icdo3\\_d01272003/](http://seer.cancer.gov/siterecode/icdo3_d01272003/). Only invasive cases are included except bladder cancer *in situ* is included in All Sites.

APC - Annual Percent Change over the time period. APCs were calculated using the weighted least squares method.

The APCs are based on rates per 100,000 and age-adjusted to the 2000 U.S. Population (19 age groups - Census P25-1130) standard.

\*The APC is significantly different from zero (p<0.05).

Data source: Surveillance, Epidemiology, and End Results (SEER) Program 9 Registries Limited-Use November 2006.

**Table 18: Childhood Cancer Mortality Rate Trends by Primary Site, Age Group and 9-Year Time Periods, New Jersey  
All Races, Males, 1979-2005**

Primary Cancer Site <sup>a</sup>	0-14			0-19		
	1979-1987 APC	1988-1996 APC	1997-2005 APC	1979-1987 APC	1988-1996 APC	1997-2005 APC
<b>All Sites</b>	<b>-1.3</b>	<b>-1.0</b>	<b>-4.8</b>	<b>-1.7</b>	<b>-1.0</b>	<b>-2.6</b>
All Sites (White)	-2.2	-1.3	-5.3	-2.1	-1.2	-2.8
All Sites (Black)	4.4	-0.9	4.0	2.8	-0.3	-0.6
Bones & Joints	--	--	--	-16.5*	--	12.0
Brain & Other Nervous System	-1.0	1.5	-5.9	-1.1	-1.7	-4.5
Hodgkin Lymphoma	--	--	--	--	--	--
Kidney & Renal Pelvis	--	--	--	--	--	--
Leukemia	5.4	-0.1	-8.3	2.6	-2.9	-5.2
Acute Lymphocytic Leukemia	-1.2	-2.0	-7.4	-0.5	-4.5	-6.9
Non-Hodgkin Lymphoma	--	--	--	-4.1	-5.0	1.7
Soft Tissue including Heart	--	--	--	-2.7	--	--

<sup>a</sup>Primary Cancer Site (ICD-9 & ICD-10). A complete listing of the codes can be found at -

[http://seer.cancer.gov/codrecode/1969+\\_d03252004/index.html](http://seer.cancer.gov/codrecode/1969+_d03252004/index.html).

APC - Annual Percent Change over the time period. APCs were calculated using the weighted least squares method.

The APCs are based on rates per 100,000 and age-adjusted to the 2000 U.S. Population (19 age groups - Census P25-1130) standard.

\*The APC is significantly different from zero (p<0.05).

-- Statistic can not be calculated when any single year in the time period has a zero count.

Data source: Underlying mortality data were provided by the National Center for Health Statistics ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)).

**Table 19: Childhood Cancer Mortality Rate Trends by Primary Site, Age Group and 9-Year Time Periods, U.S.  
All Races, Males, 1979-2004**

Primary Cancer Site <sup>a</sup>	0-14			0-19		
	1979-1987 APC	1988-1996 APC	1997-2004 APC	1979-1987 APC	1988-1996 APC	1997-2004 APC
<b>All Sites</b>	<b>-3.6*</b>	<b>-2.6*</b>	<b>-0.2</b>	<b>-3.4*</b>	<b>-2.4</b>	<b>-0.3</b>
All Sites (White)	-3.6*	-2.6*	-0.3	-3.4*	-2.4*	-0.2
All Sites (Black)	-3.7*	-2.9*	-0.4	-3.3*	-2.3*	-0.8
Bones & Joints	-1.0	0.0	1.5	-2.4*	0.8	1.3
Brain & Other Nervous System	-1.6*	-0.5	0.9	-1.2	-0.7	0.3
Hodgkin Lymphoma	-6.2	-5.0	4.2	-5.9	-8.6*	-4.6
Kidney & Renal Pelvis	-6.6*	-5.5*	-2.8	-7.1*	-3.7*	-2.3
Leukemia	-4.3*	-3.3*	-1.3	-4.1*	-3.4*	-1.1
Acute Lymphocytic Leukemia	-5.7*	-3.7*	-0.6	-5.2*	-3.8*	-0.4
Non-Hodgkin Lymphoma	-6.1*	-7.1*	-5.1	-4.3*	-5.2*	-4.0*
Soft Tissue including Heart	-2.3	-0.7	1.3	-3.9*	-1.1	0.1

<sup>a</sup>Primary Cancer Site (ICD-9 & ICD-10). A complete listing of the codes can be found at -

[http://seer.cancer.gov/codrecode/1969+\\_d03252004/index.html](http://seer.cancer.gov/codrecode/1969+_d03252004/index.html).

APC - Annual Percent Change over the time period. APCs were calculated using the weighted least squares method.

The APCs are based on rates per 100,000 and age-adjusted to the 2000 U.S. Population (19 age groups - Census P25-1130) standard.

\*The APC is significantly different from zero (p<0.05).

Data source: Underlying mortality data were provided by the National Center for Health Statistics ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)).

**Table 20: Childhood Cancer Mortality Rate Trends by Primary Site, Age Group and 9-Year Time Periods, New Jersey  
All Races, Females, 1979-2005**

Primary Cancer Site <sup>a</sup>	0-14			0-19		
	1979-1987 APC	1988-1996 APC	1997-2005 APC	1979-1987 APC	1988-1996 APC	1997-2005 APC
<b>All Sites</b>	<b>0.6</b>	<b>2.8</b>	<b>-3.1</b>	<b>-2.1</b>	<b>0.2</b>	<b>-3.0</b>
All Sites (White)	3.4	4.1	-2.9	-0.1	0.6	-3.6
All Sites (Black)	-11.1	--	1.2	-10.0*	-0.2	0.8
Bones & Joints	--	--	--	--	--	--
Brain & Other Nervous System	4.5	-1.1	-8.9	2.8	-4.3	-4.1
Hodgkin Lymphoma	--	--	--	5.7	--	--
Kidney & Renal Pelvis	--	--	--	--	--	--
Leukemia	-0.4	0.8	-5.3	-4.2	1.7	-7.2
Acute Lymphocytic Leukemia	-3.4	--	-8.0*	-5.2	-1.3	-10.2*
Non-Hodgkin Lymphoma	--	--	--	--	--	--
Soft Tissue including Heart	--	--	--	--	--	--

<sup>a</sup>Primary Cancer Site (ICD-9 & ICD-10). A complete listing of the codes can be found at -

<http://seer.cancer.gov/codrecode/1969+ d03252004/index.html>.

APC - Annual Percent Change over the time period. APCs were calculated using the weighted least squares method.

The APCs are based on rates per 100,000 and age-adjusted to the 2000 U.S. Population (19 age groups - Census P25-1130) standard.

\*The APC is significantly different from zero (p<0.05).

-- Statistic can not be calculated when any single year in the time period has a zero count.

Data source: Underlying mortality data were provided by the National Center for Health Statistics ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)).

**Table 21: Childhood Cancer Mortality Rate Trends by Primary Site, Age Group and 9-Year Time Periods, U.S.  
All Races, Females, 1979-2004**

Primary Cancer Site <sup>a</sup>	0-14			0-19		
	1979-1987 APC	1988-1996 APC	1997-2004 APC	1979-1987 APC	1988-1996 APC	1997-2004 APC
<b>All Sites</b>	<b>-2.9*</b>	<b>-3.2*</b>	<b>-0.4</b>	<b>-2.8*</b>	<b>-2.9*</b>	<b>-0.7</b>
All Sites (White)	-2.8*	-3.4*	-0.4	-2.8*	-3.1*	-0.6
All Sites (Black)	-2.9*	-2.3	0.4	-2.5*	-1.8*	-0.4
Bones & Joints	-5.1*	0.1	1.1	-4.2*	-0.2	-1.2
Brain & Other Nervous System	-2.6*	-2.8*	0.3	-2.3*	-2.6*	0.4
Hodgkin Lymphoma	-4.3	-9.1	-24.8	-2.1	-2.9	-6.1
Kidney & Renal Pelvis	-4.8*	-3.8	-1.2	-4.5*	-3.2	-1.5
Leukemia	-3.4*	-2.8*	-1.3	-3.5*	-2.7*	-1.6
Acute Lymphocytic Leukemia	-5.5*	-2.9*	-1.4	-5.1*	-2.9*	-1.2
Non-Hodgkin Lymphoma	-4.0	-6.6*	-2.4	-2.0	-4.7*	-2.1
Soft Tissue including Heart	-0.9	-8.2*	-1.2	-0.6	-5.6	-1.6

<sup>a</sup>Primary Cancer Site (ICD-9 & ICD-10). A complete listing of the codes can be found at -

[http://seer.cancer.gov/codrecode/1969+\\_d03252004/index.html](http://seer.cancer.gov/codrecode/1969+_d03252004/index.html).

APC - Annual Percent Change over the time period. APCs were calculated using the weighted least squares method.

The APCs are based on rates per 100,000 and age-adjusted to the 2000 U.S. Population (19 age groups - Census P25-1130) standard.

\*The APC is significantly different from zero (p<0.05).

Data source: Underlying mortality data were provided by the National Center for Health Statistics ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)).